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ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number of 8

SEC 1972 (6/02) 1

Serial



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR IINIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response . . .1

SEC USE ONLY

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•	OMITORM BIMITED	OFFERING E2	DATE RECEIVED		
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· ·	check if this is an amendment and nited Partnership Interests of Auro	.	• ,		
Filing Under (Check box(es) that	t apply): \square Rule 504 \square	Rule 505 🗵 Rule 5	06	☐ ULOE	
Type of Filing:	ling 🗵 Amendment			, , , , , , , , , , , , , , , , , , ,	
	A. BASIC	IDENTIFICATION D	АТА		
1. Enter the information requeste	ed about the issuer				
Name of Issuer (check if this is an amendment and n	ame has changed, and in	dicate change.)		
Aurora Equ	uity Partners III L.P.				
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Number (Incl	uding Area Code)	
10877 Wilshire Boulevard, Address of Principal Business Of (if different from Executive Office		0 0024 City, State, Zip Code)	Jelephone Number (Incl PROCESSED	0) 551-0101 Juding Area Code	
Brief Description of Business		<u>e</u>	NOV 0 1 2005	SECULO SECULO	
	sts in exiting business entities.	\)	THOMSON '	< < OCT 1 g 2005 🚿	
Type of Business Organization corporation	limited partnership, al	ready formed	FINANCIAL other (please specify		
business trust	limited partnership, to	be formed	G dutor (produce specify	192/35	
		Month Year			
Actual or Estimated Date of Inco	orporation or Organization:	0 8 0 4	☐ ⊠ Actual ☐] Estimated	
Jurisdiction of Incorporation or C	Organization: (Enter two-letter U.S.	Postal Service Abbrevia	tion for State:	ואונים	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed. 10900818 1.DOC

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Aurora Capital Partners III L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Gerald L. Parsky
Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024
Check Box(es) that Apply: I Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Richard R. Crowell
Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) John T. Mapes
Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024
Check Box(es) that Apply: The Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Mark C. Hardy
Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024
Check Box(es) that Apply: 🗵 Promoter 🖾 Beneficial Owner 🗆 Executive Officer 🗀 Director 🗀 General and/or Managing Partner
Full Name (Last name first, if individual) Richard K. Roeder
Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) California Public Employees' Retirement System
Business or Residence Address (Number and Street, City, State, Zip Code) 400 P Street, Sacramento, CA 95814

Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) General Electric Pension Trust				
Business or Residence Address (Numbe 3003 Summer Street, Stamford, CT 06905	r and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		·		managing 2 at the
Business or Residence Address (Number	r and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		•		
Business or Residence Address (Number	r and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				ivianaging 1 artife
Business or Residence Address (Number	r and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
(Use blank	sheet, or copy and use addit	ional copies of this sheet, as	necessary.)	

B. INFORMATION ABOUT OFFERING. Yes No Answer also in Appendix, Column 2, if filing under ULOB. Answer also in Appendix, Column 2, if filing under ULOB. What is the minimum investment that will be accepted from any individual?. NA Does the offering permit joint ownership of a single unit?. Better the information requested for each person who has been or will be paid or given, directly, or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, or dealer only. Pull Name (Last name first, if individual) Not applicable. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). (Check "All States" or check individual States). (Check "All States" or check individual States). (Li [IR] [IA] [I	rent in the second												
1. Ha	s the issue	r sold, or	does the is	suer inten	d to sell, 1	to non-acc	redited in	vestors in	this offeri	ng?			X
			Answer	also in A _l	ppendix, C	Column 2,	if filing u	nder ULO	Е.				
Answer also in Appendix, Column 2, if filing under ULOE. Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a troker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer only. Full Name (Last name first, if individual) Not applicable. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI													
					•	•						Yes No	>
3. Do	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? What is the minimum investment that will be accepted from any individual? The second of the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer only. I Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) at applicable. In Name (Last name first, if individual) In Nam												
sion to t list	n or similar se listed is a the name o	remunerati in associate f the broke	ion for solic ed person o r or dealer.	citation of p r agent of a If more th	ourchasers broker or a an five (5)	in connection dealer regis persons to	on with sal stered with be listed ar	es of securi the SEC an	ties in the do	offering. If state or sta	a person ites,		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No													
Busine	ss or Reside	ence Addre	ess (Numb	er and Stre	et, City, St	ate, Zip Co	de)	•					
Name o	of Associate	d Broker o	or Dealer									-	
States	n Which Pe	erson Liste	d Has Solic	ited or Inte	nds to Soli	cit Purchas	ers .						
(Cł	eck "All St	ates" or ch	eck individ	ual States).					**********		🗀	All States	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	•			• •			•	•		•	•		
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Eater the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remaneation for solicitation of purchasers in connection with sales of accurities in the offering. If a person to be lated is an associated person or agent of a biother or dealer goals. If more than five (5) persons to be librate in the offering if a person to be lated an associated person or agent of a biother or dealer goals. If more than five (5) persons to be librate in the offering if a person to be lated are associated persons of such a broker or dealer, our may set from the information for that broker or dealer only. Full Name (Last name first, if individual) Not applicable. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
Busine	ss or Reside	ence Addre	ess (Numb	er and Stre	et, City, St	ate, Zip Co	de)						
Name o	of Associate	ed Broker o	or Dealer										
I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?													
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	_				(Or)	[, r]	[412]	[1172]	[44 4 7	[,,,,]	[17 1]	[11/]	
ruii Na	ime (Last n	ame mst, n	i individuai)									
Busine	ss or Reside	ence Addre	ess (Numb	er and Stre	et, City, St	ate, Zip Co	de)						
Name	of Associate	ed Broker o	or Dealer										
States i	n Which Pe	erson Liste	d Has Solic	ited or Inte	nds to Soli	cit Purchas	ers						
(Ch	eck "All St	ates" or ch	eck individ	ual States).	· · · · · · · · · · · · · · · · · · ·							All States	S
	-										-		
					• -			-	-	_	-		
				-		-							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests	\$ 889,975,000	\$ 889,975,000
	Other (Specify)		\$
	Total	\$ 889,975,000	\$ 889,975,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors 54	Aggregate Dollar Amount of Purchases \$889,975,000
	Non-accredited Investors		¢
	Total (for filings under Rule 504 only)		¢
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Ouestion 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$:
	Regulation A		\$
	Rule 504		\$
	Total	N/A	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.*		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	E	\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		c 700,000

	b. Enter the difference between th	e aggregate offering price given in response to	Part C - Que	S-			
		ponse to Part C - Question 4.a. This difference is the		************			\$ 889,275,000
1	used for each of the purposes shown. If the stimate and check the box to the left of the	usted gross proceeds to the issuer used or proper the amount for any purpose is not known, furnish an the estimate. The total of the payments listed trust ex cet forth in response to Part C - Question 4.b above.	ual				
					Payments Officers Directors, Affiliate	, &	Payments To Others
	Salaries and fees				\$	_ 🗆	\$ ——
	Purchase of real estate	·····			\$	_ 🗆	\$
	Purchase, rental or leasing and in	stallation of machinery and equipment			\$	_ 🗆	\$
	Construction or leasing of plant b	uildings and facilities			\$	_ 🗆	\$
	offering that may be used in exch	ncluding the value of securities involved in thi ange for the assets or securities of another			\$		\$
	Repayment of indebtedness				\$	_ 🗆	\$
	Working capital				\$	_ 🗆	\$
	Other (specify): Acquiring cont	rolling interests in existing business entities.		. 🗆	\$	_ 🗵	\$ 889,275,000
						_ 🗆	\$
					\$	_ 区	\$ 889,275,000
	Total Payments Listed (column to	otals added)	*************		× \$	889,2	75,000
٠,		Ď FEDERAL SIGNAT	URE.	\$ 1. \$4.	tenta majar e	The Assessment	The State
folic	wing signature constitutes an undert	be signed by the undersigned duly authorized paking by the issuer to furnish to the U.S. Secured by the issuer to any non-accredited investor	ities and Exch	iange Co	mmission, upo	on writte	the nre-
Issu	er (Print or Type)	Signature	Date				
Δu	rora Equity Partners III L.P. *	Rehard & Rolder	Octob	er 14	, 2005		
	ne of Signer (Print or Type)	Title of Signer (Print or Type)	, 55,01	·	1-544		
Pir	chard K. Roeder	Secretary			•		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E.		
	STATE	

	·		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	Yes	No
	of such rule?		X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer bereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)
Aurora Equity Partners III L.P.*

Name of Signer (Print or Type)
Richard K. Roeder

Signature

Date
October 17, 2005

Title (Print or Type)
Secretary

* By: Aurora Capital Partners III L.P., its general partner By: Aurora Advisors III LLC, its general partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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1	Intend to non-ac investors	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK				ļ <u>.</u>					
AZ									
AR				 					
CA		Х	LP Interests - \$236,975,000	14	\$236,975,000		ļ. —		
СО		Х	LP Interests - \$10,000,000	11	\$10,000,000				
CT		х	LP Interests - \$155,500,000	66	\$155,500,000				
DE_							·		
DC		X	LP Interests - \$45,000,000	3	\$45,000,000				
FL									
GA		X	LP Interests - \$20,000,000	11	\$20,000,000				
HI			,						
ID_									
IL				ļ				·	
IN	ļ						 		
ΙA									
KS							·		
KY			·						
LA	 								
ME							 		
MD									
MA							<u>.</u>		
MI		x	LP Interests - \$15,000,000	2	\$15,000,000				

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MS

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1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мт									
NE									
NV									
NH									
NJ		Х	LP Interests - \$35,000,000	1	\$35,000,000				
NM		Х	LP Interests - \$25,000,000	1	\$25,000,000				
NY		Х	LP Interests - \$168,750,500	13	\$168,750,500				
NC									
ND							· · · · · · · · · · · · · · · · · · ·		
ОН									
ок									
OR		Х	LP Interests - \$50,000,000	1	\$50,000,000				
PA		х	LP Interests - \$52,000,000	2	\$52,000,000				
RI		X	LP Interests - \$15,000,000	1	\$15,000,000				
sc			4.0,000,000						
SD									
TN									
TX		X	LP Interests - \$24,000,000	4	\$24,000,000				
UT			1- 11- 1-14-4						
VT	· · · · · · · · · · · · · · · · · · ·								
VA									
WA				 					
wv				1					
wi							······································		
WY	,								
 -			LP Interests - \$37,749,500	3	\$37,749,500				

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